

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: PREFABRICATED MEMBRANE BASED ON  
MODIFIED POLYURETHANE  
BITUMINOUS BINDER AND PROCESS  
FOR PRODUCTION  
0514-1121  
Attorney Docket Number:: 0514-1121  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PIERRE ETIENNE  
Middle Name::  
Family Name:: BINDSCHEDLER  
City of Residence:: OBERNAI  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 3 HAUTE CORNICHE

City of Mailing Address:: OBERNAI  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 67210

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: REMI  
Middle Name::  
Family Name:: PERRIN  
City of Residence:: BISCHOFFSHEIM  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 50 RUE DES VERGERS

City of Mailing Address:: BISCHOFFSHEIM  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 67870

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CORINNE  
Middle Name::  
Family Name:: SCHALL  
City of Residence:: STRASBOURG  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 4 RUE GOUNOD

City of Mailing Address:: STRASBOURG  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 67000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ARNAUD  
Middle Name::  
Family Name:: NOURI  
City of Residence:: KOGENHEIM  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 233 RUE DES PRIMEVERES

City of Mailing Address:: KOGENHEIM  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 67230

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

---

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0211258	9/11/02	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::